

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031147

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

43

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mountain Grove

Length of stay in lb
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Mountain Grove Rest Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Wright

c. CITY OR TOWN Mountain Grove Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 102 South Main Street Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
GEORGE FREDERICK SCOTT

4. DATE OF DEATH Month Day Year
July 17, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1/7/1893 9. AGE (last birthday) 70 Years
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Texas County, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

James L. Scott

13b. MOTHER'S MAIDEN NAME

Clementine Brodie

14. NAME OF HUSBAND OR WIFE

Florence Fox Scott (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs Eva Brown - Mountain Grove, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Asthma

INTERVAL BETWEEN ONSET AND DEATH
Several years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 5 - 1963 to July 17 - 1963 and last saw him alive on July 17 - 1963
Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
D. W. Fleming M.D.

22b. ADDRESS
Mtn. Grove, Mo.

22c. DATE SIGNED
7/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/21/1963

23c. NAME OF CEMETERY OR CREMATORY
Hillcrest Cemetery

23d. LOCATION (City, town, or county) (State)
Mountain Grove, Missouri

24. FUNERAL DIRECTOR ADDRESS
Barber Funeral Home - Mtn. Grove, Mo

25. DATE RECD. BY LOCAL REG.
7-20-1963

26. REGISTRAR'S SIGNATURE
Bernice L. Liberman

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Shapp

Licensed Embalmer No.

3161

P. O. Address

Mt. Pleasant, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.